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Bib Data Sheet

CONFIRMATION NO. 8801

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/438,030 | <b>FILING OR 371(c) DATE</b><br>11/10/1999<br><b>RULE</b> | <b>CLASS</b><br>604 | <b>GROUP ART UNIT</b><br>3763 | <b>ATTORNEY DOCKET NO.</b><br>PERCUS.093A |
|------------------------------------|---|---------------------|-------------------------------|---|

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/10/1999

|   |   |                               |                             |                           |                                |
|---|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>38 | <b>TOTAL CLAIMS</b><br>30 | <b>INDEPENDENT CLAIMS</b><br>4 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                               |                             |                           |                                |

**ADDRESS**

28390

**TITLE**

METHODS FOR REDUCING DISTAL EMBOLIZATION

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1306 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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